

~~CONFIDENTIAL~~

AGENT DUTY STATUS REPORT

Date: _____

TO: FINANCE DIVISION

Agent (pseudonym)

Project

Period

1. I certify that for the period from _____ to _____
this agent has fulfilled his obligations under his contract and is entitled
to payment. During the period indicated the agent took

☐ Leave as follows:

☐ No leave.

2. Special Instruction:

If payment is not to be made in accordance with payments on file
in Finance Division, indicate here the disposition to be made of payment
and the name and extension of individual who will be responsible for making
the payment.

Authorized Signature of Official
to Certify Payment to Agents

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Form No. 59-24 (Rev.)
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